

625206643



Geotechnical
Environmental and
Water Resources
Engineering

July 5, 2007
Project 04516-2

Ms. Irene M. Dale
Environmental Engineer
Bureau of Waste Site Cleanup
Department of Environmental Protection
205B Lowell Street
Wilmington, MA 01887

Dear Ms. Dale:

Re: Immediate Response Action Plan Modification No. 6
50 Tufts Street
Somerville, MA
RTN 3-23246 and 3-26114

LOCAL
HISTORY
354,
353
GEI

On behalf of UniFirst Corporation of Wilmington, Massachusetts, we prepared this Immediate Response Action (IRA) Plan Modification No. 6 for a release of chlorinated volatile organic compounds (VOCs) at 50 Tufts Street in Somerville, Massachusetts (the Site). The IRA Plan was originally submitted to DEP on January 9, 2006 and subsequently modified on June 27, September 21, November 13, 2006, February 22, 2007, and May 2, 2007.

The Massachusetts Department of Environmental Protection (DEP) assigned Release Tracking Numbers (RTNs) 3-23246, 3-24358, 3-24376, and 3-26114 to reported releases associated with the Site. The Site is currently classified Tier IC. For purposes of administrative convenience, DEP has asked that submittals concerning (1) the property located at 50 Tufts Street be made under RTN 3-23246; and (2) other property be made under RTN 3-26114. This IRA Modification 6 is for activities to be conducted at both the 50 Tufts Street property (the Property) and the adjacent property, 60 Tufts Street.

The IRA Transmittal Form (BWSC105) for IRA Modification 6 was submitted by eDEP on July 5, 2007 and a copy is in Attachment A.

1. CONTACT INFORMATION

Entity Undertaking the IRA
Brian Keegan
Senior Engineering Manager
UniFirst Corporation
68 Jonspin Road
Wilmington, MA 01887
978.658.8888 ext 645

Licensed Site Professional
Ileen S. Gladstone, P.E., LSP
Vice President
GEI Consultants, Inc.
400 Unicorn Park Drive
Woburn, MA 01801
781.721.4012
LSP License: 9719

2. BACKGROUND

GEI previously submitted an IRA plan dated April 12, 2007 under which it conducted indoor air and sub-slab vapor sampling at 60 Tufts Street. GEI also submitted an IRA plan dated May 2, 2007 for installation of a sub-slab depressurization system (SSDS) at 50 Tufts Street. The system was installed between February and April 2007. The SSDS is comprised of:

- 22 extraction points connected to three manifold pipes;
- Skid-mounted Nash Elmo 15 horsepower regenerative blower, gauges and controls;
- 40-gallon water separator and high-level switch;
- Two 2,000 pound vapor phase activated carbon adsorbers, in series (model Vent-Scrub 2000).

3. IRA OBJECTIVES, PLAN, AND SCHEDULE (310 CMR 40.0424[1][E])

3.1 IRA Objectives

The objectives of the IRA Modification are to evaluate:

- The extent of chlorinated VOCs in soil, soil vapor and groundwater in the area between the two buildings at 50 and 60 Tufts Street.
- The feasibility of soil vapor extraction (SVE) outside the building footprint at the property at 50 Tufts Street and in the area between the buildings at 50 Tufts and 50 Tufts Street.
- The potential for the SVE to remove chlorinated VOCs from unsaturated soil.
- The potential for the SVE to prevent the migration of volatile organic compounds (VOCs) in soil gas from the subject property toward the 60 Tufts Street property and into indoor air.
- The distribution of VOC concentrations in soil and groundwater outside the building at 50 Tufts Street and provide data to support remedial design and assessment.

3.2 IRA Activities

GEI will conduct the following tasks to evaluate the feasibility and potential effectiveness of an SVE system.

3.2.1 Install Soil Gas Monitoring Points

GEI will coordinate the installation of up to 25 soil gas monitoring points in the parking areas on the northern and southern sides of the building and in the unpaved area on the western side of the building in July. Five monitoring locations will be installed on the adjacent property at 60 Tufts Street. The approximate locations are shown in the attached figures (Figs. 1 and 2). Actual locations will be determined based on access limitations, location of utilities and field observations. Two of the monitoring points on the 60 Tufts Street property and one in the southern parking area of the 50 Tufts Street property will be constructed as groundwater monitoring wells and soil gas sample points.

The monitoring points will be installed using a Geoprobe drilling rig, or by hand tools, depending on drilling conditions and physical access constraints. Multiple monitoring points will be constructed to allow sampling of soil gas at multiple depths below the ground surface. Several monitoring points may be constructed to also function as pilot-scale extraction points for a potential SVE system. VOC concentrations in the soil gas will be measured using a photo-ionization detector (PID).

3.2.2 Soil Gas and Groundwater Sampling and Testing

Following installation of the monitoring wells, we will develop the wells. GEI will collect up to 10 soil gas samples from the newly installed monitoring points and submit them to Accutest for analysis by EPA Method TO-15 for the following list of chlorinated VOCs:

- | | |
|------------------------------|-----------------------------|
| ■ Chloroethane | ■ 1,1,1-Trichloroethane |
| ■ Carbon Tetrachloride | ■ 1,1,2,2-Tetrachloroethane |
| ■ 1,1-Dichloroethane | ■ 1,1,2-Trichloroethane |
| ■ 1,1-Dichloroethylene | ■ Tetrachloroethylene (PCE) |
| ■ 1,2-Dichloroethane | ■ Trichloroethylene (TCE) |
| ■ trans-1,2-Dichloroethylene | ■ Vinyl Chloride |
| ■ cis-1,2-Dichloroethylene | |

Following the soil gas sampling, GEI will collect up to three groundwater samples from each of the newly installed groundwater monitoring points using low-flow sampling techniques, and submit them to Accutest for analysis EPA Method 8260B.

3.2.3 SVE Diagnostic Test

GEI will conduct a diagnostic test to collect information about soil gas flow and vacuum distribution to support future design of an SVE system. The existing blower for the SSDS, or a portable blower, will be used to extract soil gas from one or two extraction points using temporary above-ground piping (the SSDS components for the building will continue to operate during the test). During testing, changes in soil gas pressure and VOC concentrations will be measured in the neighboring soil gas monitoring points using a manometer and PID, respectively, and the air flow rate and VOC concentration of the discharge will be measured. The effluent from the extraction points will be treated with granular activated carbon before discharge. The results of the test will be used to evaluate the feasibility and potential effectiveness of SVE and, if warranted, to design the appropriate number and spacing of permanent SVE points.

4. REMEDIATION WASTE MANAGEMENT

VOC-contaminated soil and groundwater may be generated as a result of drilling activities. The wastes will be collected into drums and will be appropriately managed and disposed. We anticipate disposing of this soil as remediation waste.

Off-gas will be treated through activated carbon, the spent carbon will be temporarily stored on site and transported off-site as hazardous waste.

5. ENVIRONMENTAL MONITORING PLAN AND PERMITS

As required by the Occupational Safety and Health Administration (OSHA), we will prepare a site-specific Health and Safety Plan for drilling and groundwater sampling. Other measures to ensure on-site safety will be taken as appropriate (i.e., police details for work in or near public roadways as required).

6. SCHEDULE

The installation of the soil gas monitoring points is scheduled to begin the week of July 9, 2007. Soil gas and groundwater samples will be collected the following week. The SVE diagnostic test will be conducted between July 16 and 20, 2007.

Please contact me at 781.721.4012 or igladstone@geiconsultants.com if you have any questions.

Sincerely,

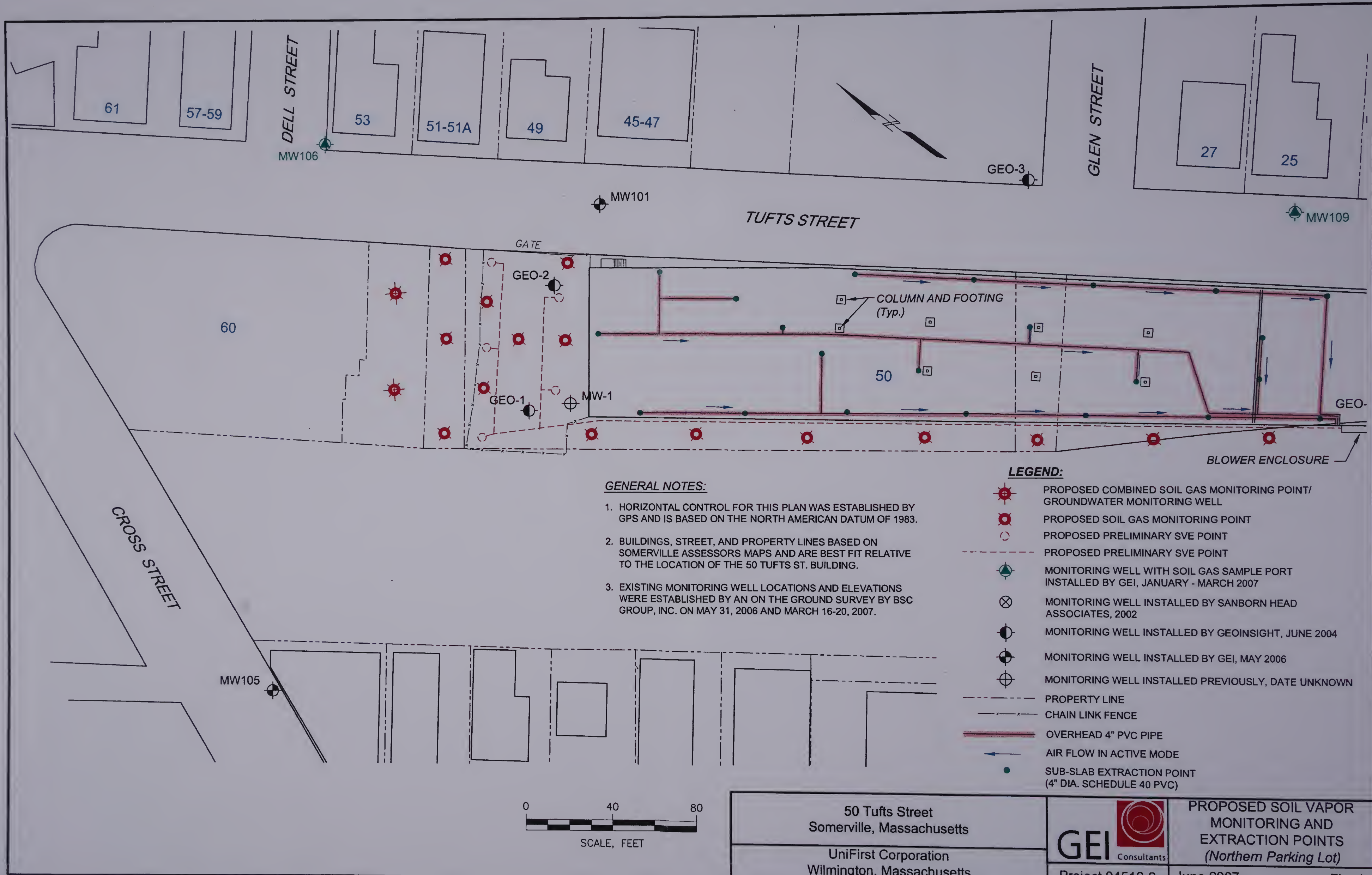
GEI CONSULTANTS, INC.

A handwritten signature in dark ink, appearing to read 'Ileen S. Gladstone', with a large, stylized loop at the beginning.

Ileen S. Gladstone, P.E., LSP
Vice President

HAB/ISG:jah
Enclosures

c: Brian Keegan, UniFirst Corporation





DEF Transmittal Copy

ATTACHMENT A

Immediate Response Action (IRA) Transmittal Form
(BWSC105)



Massachusetts Department of Environmental Protection

eDEP Transaction Copy

Here is the file you requested for your records.

To retain a copy of this file you must save and/or print.

Username: **IGLADSTONE**

Transaction ID: **135600**

Document: **BWSC 105 IRA**

Size of File: **140.263 K**

Status of Transaction: **SUBMITTED**

Date and Time Created: **7/5/2007::1:40:53 PM**

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Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC105

**IMMEDIATE RESPONSE ACTION (IRA) TRANSMITTAL
FORM**

Pursuant to 310 CMR 40.0424 - 40.0427 (Subpart D)

Release Tracking Number

3

-

26114

A. RELEASE OR THREAT OF RELEASE LOCATION:

1. Release Name/Location Aid:

NO LOCATION AID

2. Street Address:

50 TUFTS ST

3. City/Town:

SOMERVILLE

4. ZIP Code:

5. UTM Coordinates:

a. UTM N:

4694310

b. UTM E:

328046

☐ 6. Check here if a Tier Classification Submittal has been provided to DEP for this disposal site.

☐ a. Tier IA

☐ b. Tier IB

☐ c. Tier IC

☐ d. Tier II

☐ 7. Check here if this location is Adequately Regulated, pursuant to 310 CMR 40.0110-0114. Specify Program (check one):

☐ a. CERCLA

☐ b. HSWA Corrective Action

☐ c. Solid Waste Management

☐ d. RCRA State Program (21C Facilities)

B. THIS FORM IS BEING USED TO: (check all that apply)

List Submittal Date of Initial IRA Written Plan (if previously submitted):

11/15/2006

(mm/dd/yyyy)

☐ 2. Submit an **Initial IRA Plan**.

☒ 3. Submit a **Modified IRA Plan** of a previously submitted written IRA Plan.

☐ 4. Submit an **Imminent Hazard Evaluation**. (check one)

☐ a. An Imminent Hazard exists in connection with this Release or Threat of Release.

☐ b. An Imminent Hazard does not exist in connection with this Release or Threat of Release.

☐ c. It is unknown whether an Imminent Hazard exists in connection with this Release or Threat of Release, and further assessment activities will be undertaken.

☐ d. It is unknown whether an Imminent Hazard exists in connection with this Release or Threat of Release. However, response actions will address those conditions that could pose an Imminent Hazard.

☐ 5. Submit a request to **Terminate an Active Remedial System or Response Action(s) Taken to Address an Imminent Hazard**.

☐ 6. Submit an **IRA Status Report**.

☐ 7. Submit a **Remedial Monitoring Report**. (This report can only be submitted through eDEP.)

a. Type of Report: (check one) ☐ i. Initial Report ☐ ii. Interim Report ☐ iii. Final Report

b. Frequency of Submittal: (check all that apply)

☐ i. A Remedial Monitoring Report(s) submitted monthly to address an Imminent Hazard.

☐ ii. A Remedial Monitoring Report(s) submitted monthly to address a Condition of Substantial Release Migration.

☐ iii. A Remedial Monitoring Report(s) submitted concurrent with a IRA Status Report.

c. Number of Remedial Systems and/or Monitoring Programs: _____

A separate BWSC105A, IRA Remedial Monitoring Report, must be filled out for each Remedial System and/or Monitoring Program addressed by this transmittal form.



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC105

**IMMEDIATE RESPONSE ACTION (IRA) TRANSMITTAL
FORM** Pursuant to 310 CMR 40.0424 - 40.0427 (Subpart D)

Release Tracking Number

3

-

26114

B. THIS FORM IS BEING USED TO (cont.): (check all that apply)

☐ 8. Submit an **IRA Completion Statement**.

a. Check here if future response actions addressing this Release or Threat of Release notification condition will be conducted as part of the Response Actions planned or ongoing at a Site that has already been Tier Classified under a different Release Tracking Number (RTN). When linking RTNs, rescoring via the NRS is required if there is a reasonable likelihood that the addition of the new RTN(s) would change the classification of the site.

☐

b. Provide Release Tracking Number of Tier Classified Site (Primary RTN):

-

These additional response actions must occur according to the deadlines applicable to the Primary RTN. Use the Primary RTN when making all future submittals for the site unless specifically relating to this Immediate Response Action.

☐ 9. Submit a **Revised IRA Completion Statement**.

(All sections of this transmittal form must be filled out unless otherwise noted above)

C. RELEASE OR THREAT OF RELEASE CONDITIONS THAT WARRANT IRA:

1. Identify Media Impacted and Receptors Affected: (check all that apply)

- ☒ a. Air ☒ b. Basement ☒ c. Critical Exposure Pathway ☐ d. Groundwater ☒ e. Residence
☐ f. Paved Surface ☐ g. Private Well ☐ h. Public Water Supply ☐ i. School ☐ j. Sediments
☐ k. Soil ☐ l. Storm Drain ☐ m. Surface Water ☐ n. Unknown ☐ o. Wetland ☐ p. Zone 2
☐ q. Others Specify: _____

2. Identify Oils and Hazardous Materials Released: (check all that apply)

- ☐ a. Oils ☒ b. Chlorinated Solvents ☐ c. Heavy Metals
☐ d. Others Specify: _____

D. DESCRIPTION OF RESPONSE ACTIONS: (check all that apply, for volumes list cumulative amounts)

- | | |
|--|---|
| <input checked="" type="checkbox"/> 1. Assessment and/or Monitoring Only | <input type="checkbox"/> 2. Temporary Covers or Caps |
| <input type="checkbox"/> 3. Deployment of Absorbent or Containment Materials | <input type="checkbox"/> 4. Temporary Water Supplies |
| <input type="checkbox"/> 5. Structure Venting System | <input type="checkbox"/> 6. Temporary Evacuation or Relocation of Residents |
| <input type="checkbox"/> 7. Product or NAPL Recovery | <input type="checkbox"/> 8. Fencing and Sign Posting |
| <input type="checkbox"/> 9. Groundwater Treatment Systems | <input type="checkbox"/> 10. Soil Vapor Extraction |
| <input type="checkbox"/> 11. Bioremediation | <input type="checkbox"/> 12. Air Sparging |



**IMMEDIATE RESPONSE ACTION (IRA) TRANSMITTAL
FORM**

Pursuant to 310 CMR 40.0424 - 40.0427 (Subpart D)

Release Tracking Number

3

-

26114

D. DESCRIPTION OF RESPONSE ACTIONS (cont.): (check all that apply, for volumes list cumulative amounts)

☐ 13. Excavation of Contaminated Soils

☐ a. Re-use, Recycling or Treatment

☐ i. On Site Estimated volume in cubic yards _____

☐ ii. Off Site Estimated volume in cubic yards _____

ii.a. Receiving Facility: _____ Town: _____ State: _____

ii.b. Receiving Facility: _____ Town: _____ State: _____

iii. Describe: _____

☐ b. Store

☐ i. On Site Estimated volume in cubic yards _____

☐ ii. Off Site Estimated volume in cubic yards _____

ii.a. Receiving Facility: _____ Town: _____ State: _____

ii.b. Receiving Facility: _____ Town: _____ State: _____

☐ c. Landfill

☐ i. Cover Estimated volume in cubic yards _____

Receiving Facility: _____ Town: _____ State: _____

☐ ii. Disposal Estimated volume in cubic yards _____

Receiving Facility: _____ Town: _____ State: _____

☐ 14. Removal of Drums, Tanks or Containers:

a. Describe Quantity and Amount: _____

b. Receiving Facility: _____ Town: _____ State: _____

c. Receiving Facility: _____ Town: _____ State: _____

☐ 15. Removal of Other Contaminated Media:

a. Specify Type and Volume: _____

b. Receiving Facility: _____ Town: _____ State: _____

c. Receiving Facility: _____ Town: _____ State: _____

☐ 16. Other Response Actions:

Describe: _____

☐ 17. Use of Innovative Technologies:

Describe: _____



**IMMEDIATE RESPONSE ACTION (IRA) TRANSMITTAL
FORM** Pursuant to 310 CMR 40.0424 - 40.0427 (Subpart D)

Release Tracking Number

3 - 26114

E. LSP SIGNATURE AND STAMP:

I attest under the pains and penalties of perjury that I have personally examined and am familiar with this transmittal form, including any and all documents accompanying this submittal. In my professional opinion and judgment based upon application of (i) the standard of care in 309 CMR 4.02(1), (ii) the applicable provisions of 309 CMR 4.02(2) and (3), and 309 CMR 4.03(2), and (iii) the provisions of 309 CMR 4.03(3), to the best of my knowledge, information and belief,

> if Section B of this form indicates that an **Immediate Response Action Plan** is being submitted, the response action(s) that is(are) the subject of this submittal (i) has (have) been developed in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is(are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (iii) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal;

> if Section B of this form indicates that an **Imminent Hazard Evaluation** is being submitted, this Imminent Hazard Evaluation was developed in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, and the assessment activity(ies) undertaken to support this Imminent Hazard Evaluation comply(ies) with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000;

> if Section B of this form indicates that an **Immediate Response Action Status Report** and/or a **Remedial Monitoring Report** is(are) being submitted, the response action(s) that is (are) the subject of this submittal (i) is (are) being implemented in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (iii) comply(ies) with the identified provisions of all orders, permits, and approvals identified in this submittal;

> if Section B of this form indicates that an **Immediate Response Action Completion Statement** or a request to **Terminate an Active Remedial System or Response Action(s) Taken to Address an Imminent Hazard** is being submitted, the response action(s) that is(are) the subject of this submittal (i) has (have) been developed and implemented in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is(are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (iii) comply(ies) with the identified provisions of all orders, permits, and approvals identified in this submittal.

I am aware that significant penalties may result, including, but not limited to, possible fines and imprisonment, if I submit information which I know to be false, inaccurate or materially incomplete.

1. LSP #: 9719

2. First Name: ILEEN S

3. Last Name: GLADSTONE

4. Telephone: 7817214012

5. Ext.:

6. FAX:

7. Signature: ILEEN S GLADSTONE

8. Date: 07/05/2007

(mm/dd/yyyy)

9. LSP Stamp:





Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC105

IMMEDIATE RESPONSE ACTION (IRA) TRANSMITTAL
FORM Pursuant to 310 CMR 40.0424 - 40.0427 (Subpart D)

Release Tracking Number

3 - 26114

F. PERSON UNDERTAKING IRA:

1. Check all that apply: ☐ a. change in contact name ☐ b. change of address ☐ c. change in the person undertaking response actions
2. Name of Organization: **UNIFIRST CORP**
3. Contact First Name: **BRIAN** 4. Last Name: **KEEGAN**
5. Street: **68 JONSPIN RD** 6. Title: **ENV ENG MANAGER**
7. City/Town: **WILMINGTON** 8. State: **MA** 9. ZIP Code: **01887-0000**
10. Telephone: **8003477888** 11. Ext.: 12. FAX:

G. RELATIONSHIP TO RELEASE OR THREAT OF RELEASE OF PERSON UNDERTAKING IRA:

- ☒ 1. RP or PRP ☐ a. Owner ☐ b. Operator ☐ c. Generator ☐ d. Transporter
- ☒ e. Other RP or PRP Specify: **OTHER PRPS**
- ☐ 2. Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c. 21E, s. 2)
- ☐ 3. Agency or Public Utility on a Right of Way (as defined by M.G.L. c. 21E, s. 5(j))
- ☐ 4. Any Other Person Undertaking IRA Specify Relationship:

H. REQUIRED ATTACHMENT AND SUBMITTALS:

- ☐ 1. Check here if any Remediation Waste, generated as a result of this IRA, will be stored, treated, managed, recycled or reused at the site following submission of the IRA Completion Statement. If this box is checked, you must submit one of the following plans, along with the appropriate transmittal form.
- ☐ a. A Release Abatement Measure (RAM) Plan (BWSC106) ☐ b. Phase IV Remedy Implementation Plan (BWSC108)
- ☐ 2. Check here if the Response Action(s) on which this opinion is based, if any, are (were) subject to any order(s), permit(s) and/or approval(s) issued by DEP or EPA. If the box is checked, you MUST attach a statement identifying the applicable provisions thereof.
- ☐ 3. Check here to certify that the Chief Municipal Officer and the Local Board of Health were notified of the implementation of an Immediate Response Action taken to control, prevent, abate or eliminate an Imminent Hazard.
- ☐ 4. Check here to certify that the Chief Municipal Officer and the Local Board of Health were notified of the submittal of a Completion Statement for an Immediate Response Action taken to control, prevent, abate or eliminate an Imminent Hazard.
- ☐ 5. Check here if any non-updatable information provided on this form is incorrect, e.g. Release Address/Location Aid. Send corrections to the DEP Regional Office.
- ☒ 6. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.



**IMMEDIATE RESPONSE ACTION (IRA) TRANSMITTAL
FORM**

Pursuant to 310 CMR 40.0424 - 40.0427 (Subpart D)

Release Tracking Number

3

-

26114

I. CERTIFICATION OF PERSON UNDERTAKING IRA:

1. I, **BRIAN KEEGAN**, attest under the pains and penalties of perjury (i) that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this transmittal form, (ii) that, based on my inquiry of those individuals immediately responsible for obtaining the information, the material information contained in this submittal is, to the best of my knowledge and belief, true, accurate and complete, and (iii) that I am fully authorized to make this attestation on behalf of the entity legally responsible for this submittal. I/the person or entity on whose behalf this submittal is made am/is aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.

2. By: **BRIAN KEEGAN**
Signature

3. Title: **ENV ENG MANAGER**

4. For: **UNIFIRST CORP**
(Name of person or entity recorded in Section F)

5. Date: **07/05/2007**
(mm/dd/yyyy)

☐ 6. Check here if the address of the person providing certification is different from address recorded in Section F.

7. Street: _____

8. City/Town: _____ 9. State: _____ 10. ZIP Code: _____

11. Telephone: _____ 12. Ext.: _____ 13. FAX: _____

YOU ARE SUBJECT TO AN ANNUAL COMPLIANCE ASSURANCE FEE OF UP TO \$10,000 PER BILLABLE YEAR FOR THIS DISPOSAL SITE. YOU MUST LEGIBLY COMPLETE ALL RELEVANT SECTIONS OF THIS FORM OR DEP MAY RETURN THE DOCUMENT AS INCOMPLETE. IF YOU SUBMIT AN INCOMPLETE FORM, YOU MAY BE PENALIZED FOR MISSING A REQUIRED DEADLINE.

Date Stamp (DEP USE ONLY:)

7/5/2007 11:50:14 AM



Massachusetts Department of Environmental Protection

eDEP Transaction Copy

Here is the file you requested for your records.

To retain a copy of this file you must save and/or print.

Username: **IGLADSTONE**

Transaction ID: **135680**

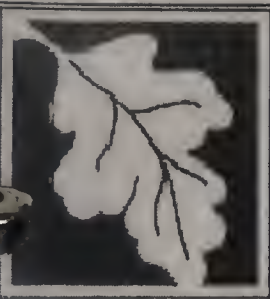
Document: **BWSC 105 IRA**

Size of File: **140.281 K**

Status of Transaction: **SUBMITTED**

Date and Time Created: **7/5/2007::1:35:48 PM**

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Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC105

**IMMEDIATE RESPONSE ACTION (IRA) TRANSMITTAL
FORM**

Pursuant to 310 CMR 40.0424 - 40.0427 (Subpart D)

Release Tracking Number

3

- 23246

A. RELEASE OR THREAT OF RELEASE LOCATION:

1. Release Name/Location Aid: **50 TUFTS ST & PROP ACROSS THE ST**

2. Street Address: **50 TUFTS ST**

3. City/Town: **SOMERVILLE**

4. ZIP Code: **02145-4129**

5. UTM Coordinates: a. UTM N: **4694314** b. UTM E: **328044**

☒ 6. Check here if a Tier Classification Submittal has been provided to DEP for this disposal site.

☐ a. Tier IA ☐ b. Tier IB ☒ c. Tier IC ☐ d. Tier II

☐ 7. Check here if this location is Adequately Regulated, pursuant to 310 CMR 40.0110-0114. Specify Program (check one):

☐ a. CERCLA ☐ b. HSWA Corrective Action ☐ c. Solid Waste Management

☐ d. RCRA State Program (21C Facilities)

B. THIS FORM IS BEING USED TO: (check all that apply)

List Submittal Date of Initial IRA Written Plan (if previously submitted): **1/9/2006**

(mm/dd/yyyy)

☐ 2. Submit an **Initial IRA Plan**.

☒ 3. Submit a **Modified IRA Plan** of a previously submitted written IRA Plan.

☐ 4. Submit an **Imminent Hazard Evaluation**. (check one)

☐ a. An Imminent Hazard exists in connection with this Release or Threat of Release.

☐ b. An Imminent Hazard does not exist in connection with this Release or Threat of Release.

☐ c. It is unknown whether an Imminent Hazard exists in connection with this Release or Threat of Release, and further assessment activities will be undertaken.

☐ d. It is unknown whether an Imminent Hazard exists in connection with this Release or Threat of Release. However, response actions will address those conditions that could pose an Imminent Hazard.

☐ 5. Submit a request to **Terminate an Active Remedial System or Response Action(s) Taken to Address an Imminent Hazard**.

☐ 6. Submit an **IRA Status Report**.

☐ 7. Submit a **Remedial Monitoring Report**. (This report can only be submitted through eDEP.)

a. Type of Report: (check one) ☐ i. Initial Report ☐ ii. Interim Report ☐ iii. Final Report

b. Frequency of Submittal: (check all that apply)

☐ i. A Remedial Monitoring Report(s) submitted monthly to address an Imminent Hazard.

☐ ii. A Remedial Monitoring Report(s) submitted monthly to address a Condition of Substantial Release Migration.

☐ iii. A Remedial Monitoring Report(s) submitted concurrent with a IRA Status Report.

c. Number of Remedial Systems and/or Monitoring Programs: _____

A separate BWSC105A, IRA Remedial Monitoring Report, must be filled out for each Remedial System and/or Monitoring Program addressed by this transmittal form.



**IMMEDIATE RESPONSE ACTION (IRA) TRANSMITTAL
FORM** Pursuant to 310 CMR 40.0424 - 40.0427 (Subpart D)

Release Tracking Number

3

-

23246

B. THIS FORM IS BEING USED TO (cont.): (check all that apply)

☐ 8. Submit an **IRA Completion Statement**.

☐ a. Check here if future response actions addressing this Release or Threat of Release notification condition will be conducted as part of the Response Actions planned or ongoing at a Site that has already been Tier Classified under a different Release Tracking Number (RTN). When linking RTNs, rescoring via the NRS is required if there is a reasonable likelihood that the addition of the new RTN(s) would change the classification of the site.

b. Provide Release Tracking Number of Tier Classified Site (Primary RTN):

-

These additional response actions must occur according to the deadlines applicable to the Primary RTN. Use the Primary RTN when making all future submittals for the site unless specifically relating to this Immediate Response Action.

☐ 9. Submit a **Revised IRA Completion Statement**.

(All sections of this transmittal form must be filled out unless otherwise noted above)

C. RELEASE OR THREAT OF RELEASE CONDITIONS THAT WARRANT IRA:

1. Identify Media Impacted and Receptors Affected: (check all that apply)

- ☒ a. Air ☐ b. Basement ☐ c. Critical Exposure Pathway ☒ d. Groundwater ☐ e. Residence
☐ f. Paved Surface ☐ g. Private Well ☐ h. Public Water Supply ☐ i. School ☐ j. Sediments
☐ k. Soil ☐ l. Storm Drain ☐ m. Surface Water ☐ n. Unknown ☐ o. Wetland ☐ p. Zone 2
☐ q. Others Specify: _____

2. Identify Oils and Hazardous Materials Released: (check all that apply)

- ☐ a. Oils ☒ b. Chlorinated Solvents ☐ c. Heavy Metals
☐ d. Others Specify: _____

D. DESCRIPTION OF RESPONSE ACTIONS: (check all that apply, for volumes list cumulative amounts)

- | | |
|--|---|
| <input checked="" type="checkbox"/> 1. Assessment and/or Monitoring Only | <input type="checkbox"/> 2. Temporary Covers or Caps |
| <input type="checkbox"/> 3. Deployment of Absorbent or Containment Materials | <input type="checkbox"/> 4. Temporary Water Supplies |
| <input type="checkbox"/> 5. Structure Venting System | <input type="checkbox"/> 6. Temporary Evacuation or Relocation of Residents |
| <input type="checkbox"/> 7. Product or NAPL Recovery | <input type="checkbox"/> 8. Fencing and Sign Posting |
| <input type="checkbox"/> 9. Groundwater Treatment Systems | <input type="checkbox"/> 10. Soil Vapor Extraction |
| <input type="checkbox"/> 11. Bioremediation | <input type="checkbox"/> 12. Air Sparging |



**IMMEDIATE RESPONSE ACTION (IRA) TRANSMITTAL
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D. DESCRIPTION OF RESPONSE ACTIONS (cont.): (check all that apply, for volumes list cumulative amounts)

☐ 13. Excavation of Contaminated Soils

☐ a. Re-use, Recycling or Treatment

☐ i. On Site

Estimated volume in cubic yards _____

☐ ii. Off Site

Estimated volume in cubic yards _____

ii.a. Receiving Facility: _____ Town: _____ State: _____

ii.b. Receiving Facility: _____ Town: _____ State: _____

iii. Describe: _____

☐ b. Store

☐ i. On Site

Estimated volume in cubic yards _____

☐ ii. Off Site

Estimated volume in cubic yards _____

ii.a. Receiving Facility: _____ Town: _____ State: _____

ii.b. Receiving Facility: _____ Town: _____ State: _____

☐ c. Landfill

☐ i. Cover

Estimated volume in cubic yards _____

Receiving Facility: _____ Town: _____ State: _____

☐ ii. Disposal

Estimated volume in cubic yards _____

Receiving Facility: _____ Town: _____ State: _____

☐ 14. Removal of Drums, Tanks or Containers:

a. Describe Quantity and Amount: _____

b. Receiving Facility: _____ Town: _____ State: _____

c. Receiving Facility: _____ Town: _____ State: _____

☐ 15. Removal of Other Contaminated Media:

a. Specify Type and Volume: _____

b. Receiving Facility: _____ Town: _____ State: _____

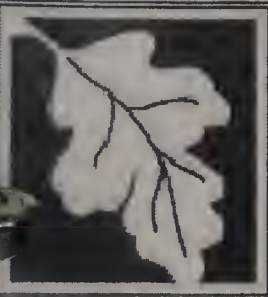
c. Receiving Facility: _____ Town: _____ State: _____

☐ 16. Other Response Actions:

Describe: _____

☐ 17. Use of Innovative Technologies:

Describe: _____



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E. LSP SIGNATURE AND STAMP:

I attest under the pains and penalties of perjury that I have personally examined and am familiar with this transmittal form, including any and all documents accompanying this submittal. In my professional opinion and judgment based upon application of (i) the standard of care in 309 CMR 4.02(1), (ii) the applicable provisions of 309 CMR 4.02(2) and (3), and 309 CMR 4.03(2), and (iii) the provisions of 309 CMR 4.03(3), to the best of my knowledge, information and belief,

> if Section B of this form indicates that an **Immediate Response Action Plan** is being submitted, the response action(s) that is(are) the subject of this submittal (i) has (have) been developed in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is(are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (iii) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal;

> if Section B of this form indicates that an **Imminent Hazard Evaluation** is being submitted, this Imminent Hazard Evaluation was developed in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, and the assessment activity(ies) undertaken to support this Imminent Hazard Evaluation comply(ies) with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000;

> if Section B of this form indicates that an **Immediate Response Action Status Report** and/or a **Remedial Monitoring Report** is(are) being submitted, the response action(s) that is (are) the subject of this submittal (i) is (are) being implemented in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (iii) comply(ies) with the identified provisions of all orders, permits, and approvals identified in this submittal;

> if Section B of this form indicates that an **Immediate Response Action Completion Statement** or a request to **Terminate an Active Remedial System or Response Action(s) Taken to Address an Imminent Hazard** is being submitted, the response action(s) that is(are) the subject of this submittal (i) has (have) been developed and implemented in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is(are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (iii) comply(ies) with the identified provisions of all orders, permits, and approvals identified in this submittal.

I am aware that significant penalties may result, including, but not limited to, possible fines and imprisonment, if I submit information which I know to be false, inaccurate or materially incomplete.

1. LSP #: 9719

2. First Name: ILEEN S

3. Last Name: GLADSTONE

4. Telephone: 7817214012

5. Ext.:

6. FAX:

7. Signature: ILEEN S GLADSTONE

8. Date: 07/05/2007

(mm/dd/yyyy)

9. LSP Stamp:





Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC105

IMMEDIATE RESPONSE ACTION (IRA) TRANSMITTAL
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F. PERSON UNDERTAKING IRA:

1. Check all that apply: ☐ a. change in contact name ☐ b. change of address ☐ c. change in the person undertaking response actions
2. Name of Organization: **UNIFIRST CORP**
3. Contact First Name: **BRIAN** 4. Last Name: **KEEGAN**
5. Street: **68 JONSPIN RD** 6. Title: **ENV ENG MANAGER**
7. City/Town: **WILMINGTON** 8. State: **MA** 9. ZIP Code: **01887-0000**
10. Telephone: **8003477888** 11. Ext.: 12. FAX:

G. RELATIONSHIP TO RELEASE OR THREAT OF RELEASE OF PERSON UNDERTAKING IRA:

- ☒ 1. RP or PRP ☐ a. Owner ☐ b. Operator ☐ c. Generator ☐ d. Transporter
- ☒ e. Other RP or PRP Specify: **OTHER PRPS**
- ☐ 2. Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c. 21E, s. 2)
- ☐ 3. Agency or Public Utility on a Right of Way (as defined by M.G.L. c. 21E, s. 5(j))
- ☐ 4. Any Other Person Undertaking IRA Specify Relationship:

H. REQUIRED ATTACHMENT AND SUBMITTALS:

- ☐ 1. Check here if any Remediation Waste, generated as a result of this IRA, will be stored, treated, managed, recycled or reused at the site following submission of the IRA Completion Statement. If this box is checked, you must submit one of the following plans, along with the appropriate transmittal form.
- ☐ a. A Release Abatement Measure (RAM) Plan (BWSC106) ☐ b. Phase IV Remedy Implementation Plan (BWSC108)
- ☐ 2. Check here if the Response Action(s) on which this opinion is based, if any, are (were) subject to any order(s), permit(s) and/or approval(s) issued by DEP or EPA. If the box is checked, you MUST attach a statement identifying the applicable provisions thereof.
- ☐ 3. Check here to certify that the Chief Municipal Officer and the Local Board of Health were notified of the implementation of an Immediate Response Action taken to control, prevent, abate or eliminate an Imminent Hazard.
- ☐ 4. Check here to certify that the Chief Municipal Officer and the Local Board of Health were notified of the submittal of a Completion Statement for an Immediate Response Action taken to control, prevent, abate or eliminate an Imminent Hazard.
- ☐ 5. Check here if any non-updatable information provided on this form is incorrect, e.g. Release Address/Location Aid. Send corrections to the DEP Regional Office.
- ☒ 6. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.



IMMEDIATE RESPONSE ACTION (IRA) TRANSMITTAL
FORM Pursuant to 310 CMR 40.0424 - 40.0427 (Subpart D)

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I. CERTIFICATION OF PERSON UNDERTAKING IRA:

1. I, **BRIAN KEEGAN**, attest under the pains and penalties of perjury (i) that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this transmittal form, (ii) that, based on my inquiry of those individuals immediately responsible for obtaining the information, the material information contained in this submittal is, to the best of my knowledge and belief, true, accurate and complete, and (iii) that I am fully authorized to make this attestation on behalf of the entity legally responsible for this submittal. I/the person or entity on whose behalf this submittal is made am/is aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.

2. By: **BRIAN KEEGAN** Signature 3. Title: **ENV ENG MANAGER**

4. For: **UNIFIRST CORP** (Name of person or entity recorded in Section F) 5. Date: **07/05/2007** (mm/dd/yyyy)

☐ 6. Check here if the address of the person providing certification is different from address recorded in Section F.

7. Street: _____

8. City/Town: _____ 9. State: _____ 10. ZIP Code: _____

11. Telephone: _____ 12. Ext.: _____ 13. FAX: _____

YOU ARE SUBJECT TO AN ANNUAL COMPLIANCE ASSURANCE FEE OF UP TO \$10,000 PER BILLABLE YEAR FOR THIS DISPOSAL SITE. YOU MUST LEGIBLY COMPLETE ALL RELEVANT SECTIONS OF THIS FORM OR DEP MAY RETURN THE DOCUMENT AS INCOMPLETE. IF YOU SUBMIT AN INCOMPLETE FORM, YOU MAY BE PENALIZED FOR MISSING A REQUIRED DEADLINE.

Date Stamp (DEP USE ONLY:)

7/5/2007 11:51:00 AM

